

Intensive Social Support Services (ISSS) Criteria

Program Description

Intensive ISSS are indicated for individuals with serious and persistent mental health problems who **are not** eligible for CRT services. The goal of these services is to maintain the highest level of functioning in the community and to decrease symptoms of disabling psychopathology and dysfunctional behavior.

Who qualifies for these services? Clients who are covered by *PC+VHAP* and *VHAP Limited* only.

Applicable Interventions

- Outreach
- Facilitation of crisis intervention services
- Referral for social and vocational rehabilitation
- Family and community support, assistance and education
- Referral for protection and advocacy
- Service coordination, case conference and referral to community resources
- Assistance and referral in meeting basic human needs
- Arranging housing and living arrangements
- Assessment and plan development

Clinical Criteria

- I. Must have a GAF score of 60 or below with a diagnosis that meets the DSM IV criteria for:

Major Depressive Disorder	Bipolar Disorder
PTSD	Borderline Personality Disorder
Anxiety Disorder	Schizophrenia
Disassociative Disorder	
- II. At least one of the following needs to be present:
 1. Dangerous or impulsive behavior placing self or others at risk of injury including dissociative symptoms and self-injurious behavior.
 2. Evidence of psychosis, thought disorder, impaired reality testing with acute onset placing self/others at risk.
 3. One or more hospital admissions within ninety days of assessment (psychiatric or medical).

4. At least three face-to-face and/or telephone encounters with crisis intervention/emergency services personnel with the past twelve months.
5. Documentation that a client has not maintained his/her psychiatric medication regimen for a period of time (at least seven days) that indicates noncompliance with active treatment for a condition which, if not treated, results in a serious deterioration of client's condition.

Prior Authorization Required: NO

Billing Code: G9008 One Unit = 15 minutes

Maximum units per episode: 8 units per week x 13 weeks

If additional time is required based on medical necessity, documentation needs to justify extended duration of services. Prior Authorization will not be required in this circumstance, however, if consultation is needed, you may contact OVHA's Clinical Unit @ 802-879-5903 with your questions.

Documentation Requirement: Clinical documentation must support the necessity and appropriateness of care provided.

- Must meet criteria and each visit demonstrates medical necessity.
- Screening form "*ISSS Screening Form*" must be completed and included as part of the clinical record.

Utilization Review: The OVHA conducts utilization management and review activities. Reviews are intended to assure that quality/medically necessary services are provided.

Recoupment of funds may be necessary when Medicaid Program reviewers determine lack of medical necessity and/or service appropriateness.

Revised on _____

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Modified and Approved: 04/13/2007